

## BEOEWED

FEB 1 4 2008

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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## MAINE ETHICS COMMISSION

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR INFORMATION				
CHRIS GREETEY		Member of:	☐ Senate		
Mailing address P.O. Box 353		District 27			
City, zip code LEVANT, ME 0446	Phone 884	-6000			
PART 1. INCOM	TE DERIVED FROM EMPLOYMENT BY AN	OTHER			
List the name and address of each emplo principal type of economic activity of each e	over from whom you received compensation employer.	of \$1,000 or mo	ore. Specify the		
Name of Employer	Address	Principal Tyr Activity o	oe of Economic of Employer		
HolDEN POLICE DEPT-MVM, INC.	MAIN RD. HOBEN, ME	Police 1	EPT.		
MVM, INC.	Virginia	FEDERAL CONTR	SECURITY		
	COME DERIVED FROM SELF-EMPLOYMEN or Legislators who are self-employed.)	NT			
A. List the name and address of your bu	siness, if any, and list the major areas of eership, firm, professional association, or sim	economic activity ilar business enti	from which you ty, list the major		
Name and Address of Business Entity	(self)	Ac (partnership, as busine	s of Economic tivity sociation or similar ss entity)		
Name: Address: CHRIS GREELEY TRAIN	ING SPEAKING ENGAGEN MAGAZINE ARTICLES	YENTS,			
Name: E CONSULTING, BAN	GOR, PRODUCT SAIFE, F	Tr.			
MAINE					

	PART 2 (continued). INCOI (For Legisl	ME DERIVED FROI		OYMENT	
is greater, and specify the p disclosure is prohibited by I	me derived from self-employmer principal type of economic activit aw, rule, or an established code nom the income was derived.	nt that represents mor	e than 10% of yo	u derived such income. I	If this form o
	Name and Address of So	purce	- management	Principal Type of I Activity of Entity or F is the Source of the	Person Who
Name: Address:					
Name:	7 17 17 17 17 17 17 17 17 17 17 17 17 17		NAMES OF THE STREET OF THE STR	79 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	CONTROL CONTRO
Address:		<sup>1</sup> #			
	(For Legislator	JOR AREAS OF PI	aw only.)		
List your major areas of pra	ctice. If associated with a law fir			As a management of the property of the propert	
Na Carlotte	ne and Address of Firm		Major Āreas of P (self)	ractice Major Areas (fin	of Practice m)
Name:					
Address:					
Name:			<u>.</u>		
Address.	DADEA OIL	IER SOURCES OF	INCOME		
List each source of income of	of \$1,000 or more not listed in Pa			de aifts. If none, check t	ne box.
None			Walter State of the State of th		
	Name and Address of So	urce	200 6. 7. 7. 8. 8. 9. 8. 9. 9. 8. 9. 9. 8. 9. 9. 8. 9. 9. 8. 9. 9. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.	Kind of Inco (investments, leas	me ses, etc.)
Name:					
Address:					*
Name:		-			
Address:	TO THE THE PROPERTY OF THE PRO				
List the names of creditors f areas of economic activity of	or any <u>unsecured</u> loans of \$3,0 each creditor. Do not list loans	PORTABLE LIABI 00 or more that you restrom a relative. If no	eceived during th	e reporting period, and li	st the major
None			•	711	
	Name and Address of Cre	ditor		Principal Type of E Activity of Cre	
Name:				TRIPLICAL TRANSPORT	
Address:	and the second s	enterviews a military and information of the state of the		The control of the co	
Name:					
Address:					
		REPORTABLE GI	PROFILE (1997)		
none, check the box	ch gift of more than \$300. Inclu	ide gifts with an aggre	gate value of mo	re than \$300 from a singl	e source. If
None	THE THE STREET OF THE STREET SAMPLINGS	The state of the s		en e	e de la comprese de l
Name of	of Source of Gift	· · · · · · · · · · · · · · · · · · ·	Name of	f Source of Gift	RI SANM VINE MET AR VIN SANDEST .
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List the source of any honoraria accepted for appearances or speeche			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
None	es related to	your o	micial duties. If noi	ne, check the box.	Market Water Company of the Company
Name of Source of Honoraria			Name of Source of	Honoraria	· · · · · · · · · · · · · · · · · · ·
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PART 8. REPRESENTATION E	BEFORE S	TAŢĒ	AGENCIES		27.5
List each executive branch agency before which you represented or the box.				any amount. If no	one, check
None	hall according to the second s		VOITE (1994) I - Carda Albanini (1994) - VOITE		
Name of Agency			Name of Age	ncy	American property of the second secon
1.	3.		7. Vinitary v.		
2.	4.				-
PART 9. BUSINESS WIT	H STATE	AGEN	CIES		
List each executive branch agency to which you or a member of your \$1,000 during the reporting period. If none, check the box.		and the second of the	MC	ces with a value in	excess of
None :			- 1477 VIII A.	:	; ;
Name of Agency			Name of Age	nicy.	
1.	3.		; ; ` · · · ·		
2.	<b>1</b> .				
PART 10. INCOME RECEIVED BY ME	EMBERS (	)F IMK	JEDIATE FAMIL	<b>Y</b>	
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	e of \$1,000 Do not inclu	or mor	e received by your s. Circle "S" for inc	spouse or dependence one received by	ident child spouse or
Type of Economic Activity Representing Source of Income Received	d appr	ircle opriate tter	ting the state of	ind of Income	
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4.	S	D	and an army 1 arms	**************************************	da amenda assessos versos vere victorias
SIGNATU	JRE 1				
A Legislator who willfully fails to file a required statement is subject 1 M.R.S.A. § 1017-A)	ect to a fine	of \$1	0 per business o	day until the repo	ort is filed.
The intentional filing of a false statement is a Class E crime. If the villfully filed a false statement, it shall refer its findings of fact to the	e Commiss Attornev Ge	ion cor	ncludes that it app	pears that a Legi	slator has
f the Commission determines that a Legislator has willfully failed to he Legislator shall be presumed to have a conflict of interest or juestion in committee or in either branch of the Legislature, and 1 MR.S.A. § 1019)	file a requir	ed stat	tement or has willt	cluded from votin	id on anv
M. M.		12	114 108		
Signature			Date		<del></del>

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			ADDITIONAL	INFORMATION		**************************************
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